



Government of the Republic of Trinidad and Tobago
MINISTRY OF EDUCATION

NATIONAL OPEN SCHOOL OF TRINIDAD AND TOBAGO

LEARNER APPLICATION FORM

Please complete in BLOCK CAPITAL LETTERS

NAME: _____
SURNAME MIDDLE NAME FIRST NAME

ADDRESS: _____

TELEPHONE NO: (H) _____ (W) _____ (C) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ AGE: ____ SEX: M ☐ F ☐
DD MM YY

EMPLOYED: YES ☐ (PART TIME ☐ or FULL TIME ☐
NO ☐

MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

NATIONALITY: _____

I.D. CARD NO. _____ OR PASSPORT NO. _____ OR DP NO. _____

SUBJECT CHOSEN: CXC CSEC ENGLISH (General) ☐ OR CXC CSEC MATHEMATICS (General) ☐

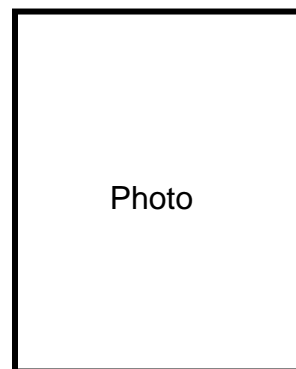
LAST SCHOOL ATTENDED: _____

DISABILITY/ILLNESS: NO ☐ YES ☐ (PLEASE EXPLAIN) _____

EMERGENCY CONTACT: NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NO: (H) _____ (W) _____ (C) _____



TECHNOLOGY ACCESS:

Please tick box(es) if you have consistent access to any of the following:

TV [] VCR [] DVD/CD PLAYER [] AUDIO CASSETTE RECORDER/ PLAYER []

COMPUTER: Windows [] Macintosh [] Other Computer System [] RADIO []

PRINTER [] SCANNER [] INTERNET ACCESS: YES [] (Dial up [] or High Speed []) NO []

ACADEMIC RECORD:

School/Institution last attended	Course/Subjects Taken	Certificate/s Obtained	Grade(s)	Year Obtained

1. I hereby certify that all statements are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status
2. I understand that submission of this application in no way guarantees admission to a programme or course, and that admission is subject to meeting NOSTT programme/course prerequisites and space availability.
3. I agree to abide by the rules and regulations of the NOSTT as published in the Orientation Guide, and any changes which may be made while I am a student at NOSTT.
4. The information on this form is collected under the authority of the Ministry of Education. I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information act.

DATE: _____ SIGNATURE: _____

FOR OFFICIAL USE ONLY

REGISTRATION NO.: _____

REGISTRATION DATE: _____

ASSIGNED TUTOR: _____

NAME OF CENTRE: _____

EDUCATION DISTRICT: _____